

Madigan Army Medical Center Referral Guidelines

Shoulder Dislocation

Diagnosis/Definition

Complete displacement of the humeral head from the glenoid fossa often caused by direct trauma. First time dislocations may require external force for reduction. Severe dislocations can have associated brachial plexopathies and vascular compromise.

Initial Diagnosis and Management

- History and physical exam.
- Plain radiographs (AP and lateral axillary, internal and external rotations).
- MRI/CT not indicated.
- Reduction should only be performed by a medical specialist trained in this procedure.
- Immobilize the shoulder for 2 weeks or until seen by therapist.
- Ice as needed for pain and swelling.
- NSAIDs.
- Appropriate activity limitations.
- 72-hour consult to Physical Therapy (routine TRICARE Consult).

Ongoing Management and Objectives

In cases not requiring surgical intervention, early mobilization and progressive rehabilitation usually results in the ability to return to full activity within 10 weeks.

Indications for Specialty Care Referral

- Physical Therapy should be consulted within 72 hours for acute and chronic dislocations if radiographs are normal.
- Contact/consult orthopedics for fractures, suspected fractures, radiographic evidence of Bankart or Hill-Sachs lesion, neurologic or vascular compromise.
- Consult Orthopedic Surgery if there is no or slower than expected resolution.

Criteria for Return to Primary Care

- Resolution of the acute or chronic symptoms.
- Patient meets discharge criteria/goals.

Last Review for this Guideline: **May 2009**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator